



**Texas Department of Health**  
Professional Licensing and Certification Division  
Professional Sanitarian Registration Program  
1100 West 49th Street  
Austin, Texas 78756-3199  
Phone: (512) 834-4517 Fax: (512) 834-6676

**REPLACEMENT REGISTRATION AFFIDAVIT**

**PLEASE CHECK ITEM(S) NEEDED:** ☐ Wallet Certificate ☐ Wall Certificate  
**\$20 for each certificate requested**

Name as shown on certificate \_\_\_\_\_

Registration #: RS \_\_\_\_\_

Social Security # \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for replacement registration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information that I have provided on this form is truthful. I understand that providing false information of any kind may result in the revocation of my registration.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**25 TAC §265.143(b)(6) registration certificate and /or identification card replacement fee- \$20.00. This fee must be submitted in order for the program to print the replacement card. Forms received without the \$20.00 fee will not be processed.**